



United States District Court  
Western District of Washington

Federal Trade Commission, et al.

Plaintiff(s)

V.

Amazon.com, Inc., a corporation

Defendant(s)

Case Number: 23-cv-01495

APPLICATION FOR LEAVE TO APPEAR  
PRO HAC VICE

Pursuant to LCR 83.1(d) of the United States District Court for the Western District of Washington,

Michael Jo

\_\_\_\_\_ hereby applies for permission to appear and participate as  
counsel in the above entitled action on behalf of the following party or parties:

State of New York

The particular need for my appearance and participation is:

Represent the People of the State of New York

I, Michael Jo  
\_\_\_\_\_ understand that I am charged with knowing and complying with  
all applicable local rules;

I have not been disbarred or formally censured by a court of record or by a state bar association; and there are  
not disciplinary proceedings against me.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 10/12/2023  
\_\_\_\_\_

Signature of Applicant: s/ Michael Jo  
\_\_\_\_\_

**Pro Hac Vice Attorney**

Applicant's Name: Michael Jo

Law Firm Name: New York State Office of the Attorney General

Street Address 1: 28 Liberty Street, 20th Floor

Address Line 2: \_\_\_\_\_

City: New York State: NY Zip: 10005

Phone Number w/ Area Code (212) 416-6537 Bar # 5079272 State NY

Primary E-mail Address: michael.jo@ag.ny.gov

*(Primary email address must be for the Pro Hac attorney and not a subordinate or staff member)*

Secondary E-mail Address: arlene.leventhal@ag.ny.gov

*(Additional contact email for questions during the application process)*

**STATEMENT OF LOCAL COUNSEL**

I am authorized and will be prepared to handle this matter, up to and including trial, in the event the applicant Michael Jo is unable to be present upon any date assigned by the court.

Date: 10/13/2023 Signature of Local Counsel: s/ Timothy D. Smith

Local Counsel's Name: Timothy D. Smith

Law Firm Name: Oregon Department of Justice

**Address must be within the geographical boundaries of the Western District of Washington per LCR 83.1(d)(2).**

Street Address 1: 100 SW Market Street

Address Line 2: \_\_\_\_\_

City: Portland State: OR Zip: 97201

Phone Number w/ Area Code (971) 673-3885 Bar # 44583



## Electronic Case Filing Agreement

By submitting this form, the undersigned understands and agrees to the following:

1. The CM/ECF system is to be used for filing and reviewing electronic documents, docket sheets, and notices.
2. The PACER password combined with your login, serves as your signature under Federal Rule of Civil Procedure 11 and 5(d)(3)(C). Therefore, you are responsible for protecting and securing this password against unauthorized use.
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4. By signing this Registration Form, **you consent to receive notice electronically and waive your right to receive notice by personal service or first-class mail pursuant to Federal Rule of Civil Procedure 5(b)(2)(C), except with regard to service of a complaint and summons or sealed documents.** This provision does include electronic notice of the entry of an order or judgment.
5. You will continue to access case information via the Western District of Washington's website or through the Public Access to Court Electronic Records (PACER) system. A PACER login and password is required to electronically file. You can register for PACER access at their website:  
[www.pacer.uscourts.gov](http://www.pacer.uscourts.gov).
6. By completion of this registration, the undersigned agrees to abide by the rules and regulations in the most recent General Order, the Electronic Filing Procedures developed by the Clerk's Office, and any changes or additions that may be made to such administrative procedures in the future.



I have completed, or will complete immediately after submitting this form, the creation of a **PACER – Case Search Only** account and submitted my request for **Pro Hac Vice Attorney Admission access** as required per the [Pro Hac Vice Application Guide](#).

Date Signed 10/12/2023 Signature s/ Michael Jo  
*(Pro Hac Vice applicant name)*